FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | | (See instruction | _ | | | Offic | ce use only | |
|-------------------------------|----------------------|-----------------------------|---------------------------|--|------------|------------|--------------------------|------|
| 1. NAME OF COMMITTEE (in | | Check if name s changed) | Example: If over the line | typying, type es | 12FE | 1 1 1 | | |
| Republican Ca | ampaign Committe | ee of New Mexic | ;o | <u> </u> | | | | |
| | | | 1111 | | | | | |
| ADDRESS (number and | street) PO Bo | ox 94083 | | | | | | |
| (Check if address is changed) | | uerque | | | L NM | L | 87199 87199 | |
| COMMITTEE'S E-MAI | II ADDDESS | | CITY▲ | | STATE | • | ZIP CODI | ≣ ▲ |
| | IL ADDITESS | | | | | | | 1 |
| | | | | | | | | |
| COMMITTEE'S WEB | PAGE ADDRESS (UF | | | | | | | |
| 1 | | | | | | | | 1 |
| 1 | | | | | | | | |
| 2. DATE 0.5 | 1 / D D / Y |) 1976 | | | | | | |
| 3. FEC IDENTIFICA | TION NUMBER | C | C000208 | 18 | | | | |
| 4. IS THIS STATEM | IENT X NEW | (N) OR | A | MENDED (A) | | | | |
| I certify that I have exami | | o the best of my know | rledge and belief | it is true, correct ar | d complete | • | | |
| Signature of Treasurer | Electronically Filed | by John Chav | ez | | Date | 0 7 | 19 / Y | 2007 |
| NOTE: Submission of fa | | olete information may | | | | | f 2 U.S.C. S43 | 7g. |
| Office Use Only | | | Federa Toll Fro | rther information of all Election Commissions 800-424-9530 | | 1 | FEC FOR (Revised 02/2 | |

| | FEOForm 1 (Revised 02/2003) | Page 2 |
|----|---|---|
| 5. | TYPE OF COMMITTEE (Check One) | |
| | (a) This committee is a principal campaign committee. (Complete the candidate information below | w.) |
| | (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.) | omplete the candidate |
| | Name of Candidate | |
| | Candidate Party Affiliation Office Sought: House Senate Pre | State State District |
| | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | Name of Candidate | |
| | (National, State (or subordinate) committee of the | (Democratic, Republican,etc.) Party. |
| | (e) This committee is a separate segregated fund | |
| | (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. | egregated fund or party |
| 6. | Name of Any Connected Organization or Affiliated Committee | |
| L | | |
| L | | |
| | Mailing Address | |
| | | |
| | | |
| | CITY▲ STATE ▲ | ZIP CODE 🛦 |
| | Relationship | |
| | Type of Connected Organization: | |
| | Corporation Corporation w/o Capital Stock Laboration | or Organization |
| | Membership Organization Trade Association Coo | perative |

| | FEC Form 1 (Revised 0 | 2/2003) | | Page 3 |
|----|--|---|-----------------------------------|----------------|
| ٧ | /rite or Type Committee Name | | | |
| | Republican Campaign | Committee of New Mexico | | |
| 7. | Custodian of Records: Ide possession of Committee | entify by name, address, (phone nure books and records. | nber optional), and position of t | he person in |
| | Full Name | | | |
| | Mailing Address | | | |
| | | | | |
| | Title or Position ♥ | CITY A | STATE ▲ | ZIP CODE A |
| | | | Telephone number | |
| | Full Name of Treasurer Mailing Address | PO Box 94083 | | |
| | | Albuquerque | NM | 87199 _ |
| | Title or Position ♥ | CITY A | STATE ▲ | ZIP CODE A |
| | Treasurer | | Telephone number 505 | |
| | Full Name of Designated Agent | | | |
| | Mailing Address | | | |
| | | | | |
| | Title or Position ♥ | CITY A | STATE A | ZIP CODE A |

Telephone number

| | FEC Form 1 (Re | evised 02/2003) | Page 4 |
|----|---|----------------------------------|-----------------|
| 9. | Banks or Other Depos safety deposit boxes or Name of Bank, Deposito | maintains funds. | accounts, rents |
| | F Mailing Address | First Community Bank PO Box 3686 | |
| | Mailing Address | | |
| | | Albuquerque | 87190 |

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷

Type of Connected Organization:

Membership Organization

Corporation

| FEC Form 1 (Revise | d 1/2001) | | Page 5 / 8 |
|---|--------------------------------------|------------------------|--------------------------|
| Banks or Other Deposito safety deposit boxes or mai Name of Bank, Depository, | ntains funds. etc. | tee deposits funds, ho | olds accounts, rents |
| BB8 | &T | | |
| Mailing Address | 1909 K Street NW | | |
| | | | |
| | Washington | DC | 20006 |
| | CITY △ | STATE △ | ZIP CODE 🛆 |
| | | | |
| Name of Any Connected | Organization or Affiliated Committee | | [ADDITIONAL] |
| The Domenici Victory | Fund | | |
| | | | |
| Mailing Address | 228 S. Washington Street, Suit | | |
| | | | |
| | Alexandria | | 22314 |
| | CITY | STATE A | ZIP CODE |
| Relationship Joir | nt Fundraising Rep. | | |

Corporation w/o Capital Stock

Trade Association

Labor Organization

Cooperative

| Designated Agent | | 1 | ADDITIONAL] |
|-----------------------------------|------------------|---------|-------------------|
| Full Name LILILI Mailing Address | | | |
| - | | | |
| Title or Position ♥ | CITY A Te | STATE A | ZIP CODE A |

Corporation

Membership Organization

| FEC Form 1 (Revised 1 | /2001) | Page 7 / 8 |
|---|------------------------------------|---|
| Banks or Other Depositories safety deposit boxes or maintal Name of Bank, Depository, etc | ns funds. | deposits funds, holds accounts, rents [ADDITIONAL] |
| BB&T | | |
| Mailing Address | 1909 K Street NW | |
| | | |
| | Washington | DC 20006 _ |
| | CITY 🛆 | STATE △ ZIP CODE △ |
| | | |
| Name of Any Connected Or | ganization or Affiliated Committee | [ADDITIONAL] |
| Wilson-New Mexico Vict | ory Comm | |
| | | |
| Mailing Address | 228 South Washington Street, S | |
| | | |
| | Alexandria | VA22314 |
| | CITY | STATE ▲ ZIP CODE ▲ |
| Relationship Joint f | undraising committee | |
| Type of Connected Organizati | on: | |
| | | |

Corporation w/o Capital Stock

Trade Association

Labor Organization

Cooperative

| Designated Agent | | | [ADDITIONAL] |
|---------------------|--------|-----------------|----------------|
| Full Name | | | |
| Title or Position ♥ | CITY A | STATE | ZIP CODE A |
| | | elephone number | |